

Client Reference Number:

PATENT WH-3

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on December 30, 2005

(Date)

Typed or printed name of person signing this certificate

Dr. O.M. (Sam) Zaghmoul

Sam Zaghmonia Attachments: 1. A fully executed Declaration (37 CFR 1.63)-four pages. 2. Power of attorney (three pages). 3. form

PTO-2038.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Eswaran Krishnan IYER, Dilip Gopalkrishna SAOJI, Rasendrakumar Jahantilal JHA

Title: ORAL COMPOSITIONS FOR TREATMENT OF DISEASES

Filing Date: Not assigned.

Application Serial Number: 10/533,670

Examiner: Not assigned.

Mail Stop: PCT

Customer number: 000058478

Lorton, Virginia, 2005 December 30, Friday

SUBMISSION OF A FULLY EXECUTED DECLARATION (37 CFR 1.63) and POWER OF ATTORNEY

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

53.00

Sir:

Attached herewith are fully executed Declarations (37 CFR 1.63) and Power of Attorneys for the subject patent application.

Please charge \$130 Late declaration Surcharge on our credit card (the form PTO-2038 is enclosed).

Applicants respectfully request favorable consideration of the present application and a timely examination of the pending claims.

Should any official at the United States Patent and Trademark Office deem that any further action by the Applicants or Applicants' undersigned representative is desirable and/or necessary, the official is invited to telephone the undersigned at the number set forth below.

2008 - 570 - 5540 - 65600161 MARESTO

Respectfully submitted,

By: Sam Zaghmont

O. M. (Sam) Zaghmout Ph.D Registration No. 51,286

Contact Information:

Bio Intellectual Property Service (BIO IPS) LLC 8509 Kernon Ct, Lorton, VA 22079. USA Cell Phone (703-919-4348), Fax: (703-550-0409) (703) 550-1968 (Voice/Fax)

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Under the Paperwork Reduction Act of 1995, no person cond to a collection of information unless it contains a valid OMB control number Attorney Docket WH-3 DECLARATION FOR UTILITY OR Number First Named Inventor DESIGN Eswaran Krishnan IYER PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Not assigned Filing Date Declaration Declaration Not assigned Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Not assigned Filing **Examiner Name** required) Not assigned I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ORAL COMPOSITIONS FOR TREATMENT OF DISEASES (Title of the Invention) the specification of which is attached hereto 24 July 2003 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number PCT/IB2003/002949 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application Certified Copy Attached?** Foreign Filing Date **Priority** Country Number(s) (MM/DD/YYYY) Not Claimed

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

correspondence to: ass	e address cociated with stomer Number	58 41	78			OR	V	Correspondence address below	
Name									
Dr. O. M. (Sam) Zaghmout									
Address 8509 Kernon Ct									
City				State				ZIP	
Lorton			١	V A				22079	
Country		Telephone				Ema	nil .	<u> </u>	
USA		703-550-1968				BioIP	PS.com		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:		A pe	tition h	as been file	ed for thi	s unsigi	ned inventor	
Given Name (first and middle [if	any])			Family Name or Surname					
Eswaran Krishnan	Eswaran Krishnan IYER								
Inventor's Signature	mentinghy							Date Nov 25, 2005	
Residence: City	State			Count	ıy		Citize	nship	
MUMBA!	MAHAI	east tra			MDI	Ą		NDIAN	
Residence: City MUMBA! Mailing Address WOCKH BAN	DRA LE	OWERS; EAST)	B	AN I	RA K	سبحد	A Cc	MPLEX;	
City HUMBA1	State	RASHTA	₹ A		Zip 4 t	000	51	Country	
NAME OF SECOND INVENTO	R:				A petition	has bee	en filed t	for this unsigned inventor	
Given Name (first and middle [if	any])			<u> </u>		Name or			
Dilip Gopalkrishna					SAOJI				
Inventor's Signature								Date	
Residence: City	State			Count	try		Citize	nship	
Mailing Address									
City	State				Zip		Count	try	
Additional inventors or a legal re	presentative are bei	ng named on the		uppleme	ntal sheet(s) P	TO/SB/02/	or 02LR	attached hereto.	

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Direct all correspondence to:	The address associated with Customer Number		2478	OR 🗸	Correspondence address below			
Name								
Dr. O. M. (Sam) Zaghmout								
Address								
8509 Kernon Ct								
City		-	State		ZIP			
Lorton			VA		22079			
Country		Telephone		Email				
USA	[:	703-550-1968		BioIPS@BioIF	PS.com			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST			etition has been file	d for this unsiar	ned inventor			
Given Name (first and middle	e [if any])			Family Name or Surname				
Eswaran Krishnan			IYER					
Inventor's Signature					Date			
Residence: City	State		Country	Citizer	nship			
Mailing Address			L	<u> </u>				
City	State		Zip		Country			
NAME OF SECOND INVEN	TOR:		A petition I	nas been filed fo	or this unsigned inventor			
Given Name (first and middle	e [if any])			ame or Surnam				
Dilip Gopalkrishna			ILOAS					
Inventor's Signature	State				Date			
Residence: City	State		Country	Citizen	ship			
AURAN GABAD	MAHAR	ashtra	INIDIA	10	ADIA			
Residence: City AMRAN GABAD Mailing Address PLOT NO	144-D,N	-1 , SEC TO	R-A, CI	DCO				
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet <u>of 3</u> <u> Page 3</u> Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Rasendrakumar Jahantila Inventor's Date Nov. 25, 2005 Signature MAKARASHTRA Residence: City Citizenship WOCKHARDT TOWERS: BANDRA-KURLA BANDRA (EKST) Mailing Address UMBAI State MAMARASH TRA LNDIA City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address City State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date

State Country This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	Not assigned					
Filing Date	Not assigned					
First Named Inventor	Eswaran Krishnan IYER					
Title	ORAL COMPOSITIONS FOR TREATMENT.					
Art Unit	Not assigned					
Examiner Name	Not assigned					
Attorney Docket Number	WH-3					

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I her	eby revoke a	II previo	ous powers of attorney give	en in the ab	ove-id	entified	applicat	tion.		_
I her	eby appoint:									
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	Mr. Douglas Ro						51,2	278		
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	Telephone	1	703-550-1968		Email	BioIPS@	BioIPS.c	om		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
		_	SIGNATURE of A		ssignee	of Recor	rd			_
Signat	iure	1 San	warankii shuran				To	Date :	NOV 25, 2005	_
Name		Eswara	n Krishnan IYER					elephone	1101 -3/ -0-2	
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NOTE: signatu	Signatures of all the	ne inventor below*.	rs or assignees of record of the entire	interest or their r	represent	ative(s) are	e required.	Submit mul	Itiple forms if more than one	_
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Application Number	Not assigned
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First Named Inventor	Eswaran Krishnan IYER
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Art Unit	Not assigned
Examiner Name	Not assigned
Attorney Docket Number	WH-3

I hereby revoke	all previo	ous powers of attorney gi	ven in the ab	ove-ide	entified app	lication.		
I hereby appoin	ì:							_
Practitioners	Practitioners associated with the Customer Number:				78			
OR								
✓ Practitioner(s) named be	elow:						
		Name			Regist	ration Numbe	r	
Mr. Douglas	Robinson					51,278		
Dr. O. M. (S	m) Zaghm	out				51,286		
as my/our attorney(Trademark Office o	s) or agent onnected th	(s) to prosecute the application nerewith.	identified above	, and to	transact all bus	siness in the l	United States	Patent and
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City		Lorton		State	VA		Zip 22079	
Country		USA						
Telephone		703-550-1968		Email	BioIPS@BioI	PS.com		
	i am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	Date Date C					v -1		
Name	Dilip G	opalkrishna SAOJI -			~	Telephone	occ.	5, 05
Title and Company								
NOTE: Signatures of signature is required,	all the invente see below*.	ors or assignees of record of the en	tire interest or their	represen	tative(s) are req	uired. Submit m	ultiple forms if n	nore than one
*Total of	3	forms are submitted.						

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Application Number	nmation unless it displays a valid OMB control number. Not assigned
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Art Unit	Not assigned
Examiner Name	Not assigned
Attorney Docket Number	WH-3

I hereby revoke a	II previ	ous powers of attorney give	en in the ab	ove-id	entified app	lication.	
I hereby appoint:							
Practitioners associated with the Customer Number: 58478							
Practitioner(s) r	named be	elow:					
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Mr. Douglas Re	obinson					51,278	
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as my/our attorney(s) Trademark Office con	or agenti nected th	 (s) to prosecute the application ide arewith. 	entified above	, and to	transact all bu	siness in the l	United States Patent and
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: The address associated with Customer Number: 58478							
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City		Lorton		State	VA		Zip 22079
Country		USA					
Telephone		703-550-1968		Email	Bio1PS@Bio1	PS.com	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature		V				Date	NOV 25, 2005
Name	Rasenc	Irakumar Jahantilal JHA				Telephone	
Title and Company							
NOTE: Signatures of all to signature is required, see	he invento below*.	rs or assignees of record of the entire i	interest or their	represent	tative(s) are requ	ired. Submit m	ultiple forms if more than one
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